

EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment		Work Assignment Number 2-01	
		<input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:	
Contract Number EP-D-14-031		Contract Period 10/01/2014 To 09/30/2017 Title of Work Assignment/SF Site Name QUICK RESPONSE WA	
Contractor INDUSTRIAL ECONOMICS, INCORPORATED		Specify Section and paragraph of Contract SOW	
Purpose: <input checked="" type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval		Period of Performance From 10/01/2016 To 09/30/2017	
Comments: THE PURPOSE OF THIS ACTION IS TO INITIATE WA 2-01 "QUICK RESPONSE WA" WITH AN INITIAL LOE OF 100 HOURS FOR START UP WORK. ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED. THIS WORK DOES NOT DUPLICATE ANY WORK PREVIOUSLY PERFORMED UNDER MY AUTHORITY.			
<input type="checkbox"/> Superfund		Accounting and Appropriations Data	
		<input checked="" type="checkbox"/> Non-Superfund	
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.			
SFO <input type="checkbox"/> (Max 2)			
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)
	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)
	Amount (Dollars)	(Cents)	Site/Project (Max 8)
	Cost Org/Code		
1			
2			
3			
4			
5			
Authorized Work Assignment Ceiling			
Contract Period: 10/01/2014 To 09/30/2017		Cost/Fee: _____ LOE: _____	
This Action: _____			
Total: _____			
Work Plan / Cost Estimate Approvals			
Contractor WP Dated: _____		Cost/Fee: _____ LOE: _____	
Cumulative Approved: _____		Cost/Fee: _____ LOE: _____	
Work Assignment Manager Name Lorraine Reddick _____ (Signature) (Date)		Branch/Mail Code: Phone Number: 202-564-1293 FAX Number: _____	
Project Officer Name Lorraine Reddick _____ (Signature) (Date)		Branch/Mail Code: Phone Number: 202-564-1293 FAX Number: _____	
Other Agency Official Name _____ (Signature) (Date)		Branch/Mail Code: Phone Number: _____ FAX Number: _____	
Contracting Official Name Andrew Flynn _____ (Signature) (Date)		Branch/Mail Code: Phone Number: 919-541-2674 FAX Number: 919-541-0611	